

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			011			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 6M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1 / 6M	EST
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / YR	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1/YR	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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VA0005215			025			
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 3M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 3M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1 / 3M	EST
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 3M	GRAB

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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1/YR	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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VA0005215			032			
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 3M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 3M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1 / 3M	EST
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / YR	GRAB

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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 3M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
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	REQRMNT									*****	
	REPORTD										
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	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 3M	GRAB
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068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
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442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 3M	GRAB

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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	REQRMNT	*****	*****		*****	*****	NL	UG/L		1/YR	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			036			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 3M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 3M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1 / 3M	EST
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 3M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

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5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
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VA0005215			036			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			

FROM

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1/YR	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
	TYPED OR PRINTED NAME			SIGNATURE			YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

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Virginia Beach VA 23462

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VA0005215			040			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MGD	*****	*****	*****			1 / M	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1 / M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	CALC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / M	GRAB
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	GRAB
389 NITRITE+NITRATE-N, TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

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Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			044			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 3M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 3M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1 / 3M	EST
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			044			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1/YR	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			056			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MGD	*****	*****	*****			1 / 6M	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1 / 6M	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	43	C		1 / 6M	IS
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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PERMITTEE NAME/ADDRESS(INCLUDE
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

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Tidewater Regional Office
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Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			072			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 3M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 3M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1 / 3M	EST
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 3M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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YEAR	MO	DAY	TO	YEAR	MO	DAY

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1/YR	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			082			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 6M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1 / 6M	EST
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 6M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

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(REGIONAL OFFICE)

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5636 Southern Boulevard

Virginia Beach VA 23462

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Portsmouth VA 23709
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VA0005215			082			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			

FROM

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 6M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

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(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			086			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 3M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 3M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1 / 3M	EST
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 3M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

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5636 Southern Boulevard

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PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 3M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
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VA0005215			092			
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 6M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1 / 6M	EST
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 6M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.**

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			092			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 6M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 6M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1 / 6M	EST
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 6M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 6M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			100			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.**

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MGD	*****	*****	*****			1 / M	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1 / M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	CALC
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / M	GRAB
020 ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / M	GRAB
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.**

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			100			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
140 ENTEROCOCCI	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	N/CML		1 / 3M	GRAB
389 NITRITE+NITRATE- N, TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			103			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			2 / M	REC
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2 / M	GRAB
004 TSS	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	30	60	MG/L		2 / M	8HC
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		2 / M	8HC
020 ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		2 / M	8HC
257 PETROLEUM HYDROCARBONS, TOTAL RECOV	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	10	15	MG/L		2 / M	GRAB
350 TRIBUTYLTIN	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	0.05	UG/L		1 / YR	8HC
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		2 / M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.**

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			103			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		2 / M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			200			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MGD	*****	*****	*****			1 / 6M	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1 / 6M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	8HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	8HC
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	CALC
016 CHROMIUM, TOTAL (AS CR)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	100	UG/L		1 / YR	8HC
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	335	UG/L		1 / YR	8HC
020 ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	765	UG/L		1 / YR	8HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
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VA0005215	200
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			

FROM

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
034 LEAD, TOTAL (AS PB)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	100	UG/L		1/YR	8HC
042 MERCURY, TOTAL (HG)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	2.0	UG/L		1/YR	8HC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	8HC
096 CADMIUM, TOTAL (AS CD)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	100	UG/L		1/YR	8HC
165 CL2, INST RES MAX	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	0.169	MG/L		1/6M	GRAB
350 TRIBUTYLTIN	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	0.05	UG/L		1/YR	8HC
389 NITRITE+NITRATE-N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	8HC
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			400			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MGD	*****	*****	*****			1 / 6M	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1 / 6M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	8HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	8HC
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	CALC
016 CHROMIUM, TOTAL (AS CR)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	100	UG/L		1 / YR	8HC
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	335	UG/L		1 / YR	8HC
020 ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	765	UG/L		1 / YR	8HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

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YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
034 LEAD, TOTAL (AS PB)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	100	UG/L		1/YR	8HC
042 MERCURY, TOTAL (HG)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	2.0	UG/L		1/YR	8HC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	8HC
096 CADMIUM, TOTAL (AS CD)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	100	UG/L		1/YR	8HC
140 ENTEROCOCCI	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	N/CML		1/6M	GRAB
165 CL2, INST RES MAX	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	0.182	MG/L		1/6M	GRAB
350 TRIBUTYLTIN	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	0.05	UG/L		1/YR	8HC
389 NITRITE+NITRATE-N, TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	8HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			401			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD				*****	*****	*****				
	REQRMNT	NL	NL	MGD	*****	*****	*****			2 / M	REC
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		2 / M	GRAB
004 TSS	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	31	60	MG/L		2 / M	8HC
016 CHROMIUM, TOTAL (AS CR)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1.71	2.77	MG/L		2 / M	8HC
018 CYANIDE, TOTAL (AS CN)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.65	1.20	MG/L		2 / M	GRAB
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	2.07	3.38	MG/L		2 / M	8HC
020 ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	1.48	2.61	MG/L		2 / M	8HC
021 NICKEL, TOTAL (AS NI)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	2.38	3.98	MG/L		2 / M	8HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

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Virginia Beach VA 23462

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VA0005215			401			
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YEAR	MO	DAY	TO	YEAR	MO	DAY

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
034 LEAD, TOTAL (AS PB)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.43	0.69	MG/L		2/M	8HC
037 SILVER, TOTAL (AS AG)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.24	0.43	MG/L		2/M	8HC
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	35	C		2/M	IS
096 CADMIUM, TOTAL (AS CD)	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.26	0.69	MG/L		2/M	8HC
169 ORGANICS, TOTAL TOXIC (TTO)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	2.13	MG/L		1/YR	GRAB
231 CHROMIUM, HEXAVALENT DISSOLVED	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	0.05	1.0	MG/L		2/M	GRAB
257 PETROLEUM HYDROCARBONS, TOTAL RECOV	REPORTD	*****	*****		*****						
	REQRMNT	*****	*****		*****	26	52	MG/L		2/M	GRAB
379 TOXICITY, FINAL, ACUTE	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	5.71	TU-A		1/6M	8HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
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Industrial Major 09/09/2015

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Virginia Beach VA 23462

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VA0005215			500			
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MGD	*****	*****	*****			1 / 6M	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1 / 6M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	8HC
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	8HC
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / YR	CALC
016 CHROMIUM, TOTAL (AS CR)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	100	UG/L		1 / YR	8HC
019 COPPER, TOTAL (AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	335	UG/L		1 / YR	8HC
020 ZINC, TOTAL (AS ZN)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	765	UG/L		1 / YR	8HC

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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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VA0005215			500			
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YEAR	MO	DAY	TO	YEAR	MO	DAY

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
034 LEAD, TOTAL (AS PB)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	100	UG/L		1/YR	8HC
042 MERCURY, TOTAL (HG)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	2.0	UG/L		1/YR	8HC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	8HC
096 CADMIUM, TOTAL (AS CD)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	100	UG/L		1/YR	8HC
140 ENTEROCOCCI	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	N/CML		1/6M	GRAB
165 CL2, INST RES MAX	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	0.169	MG/L		1/6M	GRAB
350 TRIBUTYLTIN	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	0.05	UG/L		1/YR	8HC
389 NITRITE+NITRATE-N, TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1/YR	8HC

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			501			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
001 FLOW	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MGD	*****	*****	*****			1 / M	EST
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		6.0	*****	9.0	SU		1 / M	GRAB
080 TEMPERATURE, WATER (DEG. C)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	C		1 / M	IS
165 CL2, INST RES MAX	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
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PERMITTEE NAME/ADDRESS(INCLUDE
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215	600
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 6M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1 / 6M	EST
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 6M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

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BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
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				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
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VA0005215			600			
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			TO			

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 6M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			900			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 6M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1 / 6M	EST
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 6M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

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(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			900			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 6M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

DEPT. OF ENVIRONMENTAL QUALITY
(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			940			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 6M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1 / 6M	EST
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 6M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

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(REGIONAL OFFICE)

Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NOTE: **READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.**

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			940			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 6M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
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COMMONWEALTH OF VIRGINIA
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
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Tidewater Regional Office
5636 Southern Boulevard

Virginia Beach VA 23462

NAME US Navy - Norfolk Naval Shipyard
ADDRESS Code 106-31
Portsmouth VA 23709
FACILITY LOCATION 2600 - 2700 Effingham St, Portsmouth, VA 23709

VA0005215			956			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS
BEFORE COMPLETING THIS FORM.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
002 pH	REPORTD	*****	*****			*****					
	REQRMNT	*****	*****		NL	*****	NL	SU		1 / 6M	GRAB
004 TSS	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
013 NITROGEN, TOTAL (AS N)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	CALC
068 TKN (N-KJEL)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
199 FLOW, PRECIPITATION EVENT	REPORTD	*****			*****	*****	*****				
	REQRMNT	*****	NL	MG	*****	*****	*****			1 / 6M	EST
389 NITRITE+NITRATE- N,TOTAL	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	MG/L		1 / 6M	GRAB
442 COPPER, DISSOLVED (UG/L AS CU)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 6M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE
FACILITY NAME/LOCATION IF DIFFERENT)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

Industrial Major 09/09/2015

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VA0005215			956			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			

FROM

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
448 ZINC, DISSOLVED (AS ZN) (UG/L)	REPORTD	*****	*****		*****	*****					
	REQRMNT	*****	*****		*****	*****	NL	UG/L		1 / 6M	GRAB
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	
	REPORTD										
	REQRMNT									*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

Refer to Part I.C.5. for parameter quantification levels.

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN RESPONSIBLE CHARGE			DATE		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					TELEPHONE			
				TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

This report is required by your VPDES permit and by law. (See, e.g., the Code of Virginia of 1950 §62.1-44.5 and 9 VAC 25-31-50.) Failure to report or failure to report truthfully can result in civil penalties of \$32,500 per violation, per day and felony prosecutions which can carry a 15 year term.

DISCHARGE MONITORING REPORT (DMR) - GENERAL INSTRUCTIONS

- 1. Complete this form in permanent ink or indelible pencil. The use of 'correction fluid/tape' is not allowed.**
- 2. Be sure to enter the dates for the first and last day of the period covered by the report on the form in the space marked "Monitoring Period".**
- 3. For those parameters where the "permit requirement" spaces have a requirement or limitation, provide data in the "reported" spaces in accordance with your permit.**
- 4. Enter the average and maximum quantities and units in the "reported" spaces in the columns marked "Quantity or Loading".**
KG/DAY = Concentration (mg/L) x Flow (MGD) x 3.785 G/D (Grams/Day) = Concentration (mg/L) x Flow (MGD) x 3785
- 5. Enter maximum, minimum, and/or average concentrations and units in the "reported" spaces in the columns marked "Quality or Concentration".**
- 6. For all parameters enter the number of samples which do not comply with the maximum and/or minimum permit requirements in the "reported" space in the column marked "No. Ex." (Number of Exceedances). If none, enter "0". Do NOT include monthly average violations in this field. Include any Maximum 7-Day Average and Maximum Weekly Average violations in this field. Permittees with continuous pH, or temperature monitoring requirements should consult the permit for what constitutes an exceedance and report accordingly.**
- 7. You are required to sample (at a minimum) according to the Sample Frequencies and Sample Types specified in your permit.**
- 8. Enter the actual frequency of analysis for each parameter (number of times per day, week, month, etc.) in the "reported" space in the column marked "Frequency of Analysis".**
- 9. Enter the actual type of sample (Grab, 8HC, 24HC, etc) collected for each parameter in the "reported" space in the column marked "Sample Type".**
- 10. Enter additional required data or comments in the space marked "additional permit requirements or comments". If additional required data or comments are appended to the DMR, reference appended correspondence in this field.**
- 11. Record the number of bypasses during the month, the total flow in million gallons (MG) and BOD5 in kilograms (KG) in the proper columns in the section marked "Bypasses and Overflows".**
- 12. The operator in responsible charge of the facility should review the form and sign in the space provided. If the plant is required to have a licensed operator or if the operator in responsible charge of the facility is a licensed operator, the operator's signature and certificate number must be reported in the spaces provided.**
- 13. The principal executive officer then reviews the form and must sign in the space provided and provide a telephone number where he/she can be reached. Every page of the DMR must have an original signature.**
- 14. Send the completed form(s) with original signatures to your Department of Environmental Quality Regional Office by the 10th of each month unless otherwise specified in the permit.**
- 15. You are required to retain a copy of the report for your records.**
- 16. Where violations of permit requirements are reported, attach a brief explanation in accordance with the permit requirements describing causes and corrective actions taken. Reference each separate violation by date.**
- 17. If you have any questions, contact the Department of Environmental Quality Regional Office listed on the DMR.**